

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Laniolu Hale at Hawaii Kai	CHAPTER 100.1
Address: 1261 Lunalilo Home Road, Honolulu, Hawaii 96825	Inspection Date: August 12, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><u>FINDINGS</u> Resident #2 – Admitted 4/3/21. Chest X-Ray performed 3/30/21 for admission, however, an initial tuberculosis clearance was not pursued within three (3) days of admission.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. Two Step in process. Resident received 1st step on August 13, 2021 and will receive the 2nd step on August 23rd at Lanakila Health Center TB Clinic.</p>	8/26/2021

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><u>FINDINGS</u> Resident #2 – Admitted 4/3/21. Chest X-Ray performed 3/30/21 for admission, however, an initial tuberculosis clearance was not pursued within three (3) days of admission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this reoccurrence, I shall verify that all new residents who is being admitted with a chest x-ray, indicating free from communicable TB; I shall obtain the initial 2 step TB skin test within 3 days after admission. I have added this item to my existing admission checklist which I will refer to as a reminder.</p>	<p>8/12/2021 On-going</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – Height and Weight log indicated that resident's weight is being taken via arm circumference measurement, however, no measurements were available for review from January 2021 to current.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. I have obtained the Mid-Arm Circumference (MAC) measurements from the hospice nurse and placed the readings on the resident's weight log and progress notes.</p>	<p>8/16/2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – Height and Weight log indicated that resident's weight is being taken via arm circumference measurement, however, no measurements were available for review from January 2021 to current.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this recurrence, I shall obtain the Mid-Arm Circumference (MAC) readings from the hospice nurse and immediately place the measurements on the resident's progress notes and weight log. The case manager shall train all staff on the proper technique to measure the MAC.</p> <p>I shall place a note in the height and weight document to remind me to transfer the readings from the Hospice RN log to my records.</p>	<p>8/16/2021 On-Going</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Residents #1, #2, and #3 – Documentation is indicating that there are currently three (3) non-self-preserving Resident's. Maximum is two (2).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, this deficiency was rectified. Resident was reassessed by his physician to be self-preserving. Self-preservation statement obtained on August 16, 2021; indicates that the resident is capable of following directions and taking appropriate action for self-preservation under emergency conditions.</p>	8/16/2021

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Residents #1, #2, and #3 – Documentation is indicating that there are currently three (3) non-self-preserving Resident's. Maximum is two (2).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this recurrence, I shall regularly reconcile MD orders and requirements to ensure all documentation is accurate and correct. I shall review and verify that all admission documentations are complete and accurate.</p> <p>I have added this item to my existing admission checklist which I will refer to as a reminder.</p>	<p>8/15/2021 On-going</p>

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Licensee's/Administrator's Signature: _____

Anthony Defiesta

Print Name: _____

Anthony Defiesta

Date: _____

August 17, 2021